

Whilst it is quite true, as Dr. Jones points out, that a critical notice by J. C. Flügel of more than eight pages was published in the *British Journal of Medical Psychology*, he omits to state that a rejoinder by me, refuting every point of Flügel's criticism, was declined by the editor, again after consulting his colleagues. My rejoinder received ultimately the hospitality of the *Journal of Mental Science*.—I am, etc.,

Shortlands, Kent, Jan. 14th.

A. WOHLGEMUTH.

#### WOMEN DOCTORS.

SIR,—It is encouraging to those interested in medical education to be informed by Dr. Robinson (January 17th, p. 149) of the efforts made by the more recently qualified women to gain special hospital experience in the diseases of children.

It is to be regretted, however, that their opportunities of obtaining resident appointments are still limited. Some of the medical schools enumerated, while giving equal opportunities to men and women as far as graduation, do not realize their further responsibilities, and have made no effort to throw open to their women graduates the resident posts in their own hospitals. This is manifestly unfair, and when choosing a medical school for their daughters parents should make careful inquiries respecting post-graduate opportunities.

Whether the woman graduate chooses a career in general practice, in maternity and child welfare, or missionary work, either abroad or in the slums of our great cities, a resident hospital appointment is invaluable, and to those desiring to specialize indispensable.—I am, etc.,

FRANCES IVENS,

President of the Federation of  
Medical Women.

Liverpool, Jan. 19th.

SIR,—I am sure that medical women will be grateful to Mr. W. Robinson for his letter in giving some figures—that is, 78 women doctors as applicants for a junior post at the Children's Hospital, Sunderland. His letter draws attention to such a serious state of affairs that the widest publication is necessary in order to secure a remedy. I refer to the fact that, owing to the few hospital posts (junior, senior, or honorary) now open to well qualified medical women, it naturally follows that when one post is available there will be a greater number of women candidates than a similar post when male applicants are required.

I think one may safely say that ninety-nine out of a hundred posts as house-physicians and house-surgeons are regarded as the strict preserve of the young male doctors, owing to the policy pursued and fostered so carefully by the selection committees of voluntary hospitals up and down the land to exclude all women doctors.

During the war there was a greater influx of both sexes of medical students to supply the needs of the nation, and the maximum was reached in 1919. In 1924 there came out a maximum of qualified men and women doctors from the medical schools.

But even with this increase the proportion of the newly qualified is about one woman doctor to five men. The total number of registered medical women is somewhere about 2,000 in Great Britain and the medical men registered are about 25,000. It is also true that the numbers of medical students (men and women) entering the schools are returning to the pre-war level. What is really needed is fair treatment for women from the selection committees so that there is an increase in proportion of all hospital posts that are open to women. I do not ask for hospital posts for all women in the same way, as all qualified men do not get hospital posts.

While on this question, why is it that there are so few hospitals who have appointed women doctors in charge of beds on to the honorary staffs, yet the numbers of women and children to men patients to be treated are as 3 to 1 of all patients? Pure prejudice on the part of the male colleague, I fear, must be the answer. Public opinion has always been on the side of the woman doctor. Hence she must be allowed the same facilities to equip herself as her male colleague.

With the changes that must necessarily come over hospital management and finance, the methods of appointment must also change. I am sure the day will come when the hospital

patient will have the right of access to the services of a woman doctor. Every hospital which relies on an appeal to the public for support will have to see that a proportion of the honorary staff are women.

I am, of course, quite aware that the letter of Mr. W. Robinson is meant as a deterrent and warning to parents and intending medical women candidates as threatening future unemployment. Let me tell them to take no heed of such "Partingtons," for the public needs, and demands, medical women in many and ever-widening spheres. Our movement has too strong a hold to be pushed back, much as the reactionary would like it.—I am, etc.,

MABEL L. RAMSAY, M.D.,

Plymouth, Jan. 18th.

F.R.C.S. Edin.

#### THE ELECTRONIC REACTIONS OF ABRAMS.

SIR,—I can only speak for myself, but I imagine that a number of other Fellows of the Medical and Electro-Therapeutical Sections of the Royal Society of Medicine would agree with me that the Communication of Sir Thomas Horder of January 16th must certainly rank as one of the most extraordinary and tantalizing communications that has ever been presented before a scientific society. As there was no time left for discussion, and discussion at a later date was not at present desired by those at the meeting, I can only hope that you, Sir, will allow a few comments through the columns of the JOURNAL.

Sir Thomas Horder disclaimed responsibility for the report except for a fifth share. But while, on the one hand, he emphatically declared for the final deposition as false gods of the oracular Abrams's boxes, his acute diagnostic instinct might have warned him that the effect on the lay public and on "electronists" of the encouraging gesture he made on the other hand in disclosing the 100 per cent. accuracy of certain incompletely described physical tests with Dr. Boyd's modifications, would only be to confirm in the minds of many of the public the rightness of their view that there still "may be something" in the original Abrams's boxes: and so, indeed, the *Morning Post* to-day (Saturday) interprets his committee's report.

One can only wish publication of any report had been delayed till further detailed announcements could be made with regard to the possible scientific or medical uses or not of Dr. Boyd's apparatus, or else that at least more information had been given as to the nature of the tests and responses in Dr. Boyd's almost magical copper-gauze lined cabinet. A 100 per cent. accuracy is almost too good to be true in most scientific work: it suggests that some simple solution for the cause of the phenomena must be there, to be found if only we can trace it. I shall only suggest briefly a few matters as to which I should have liked to have had information vouchsafed before a scientific meeting.

1. The nature and origin of the substances used in the tests. What was used besides "sulphur"? What proof, for example, was there that there was no radium present in the "active" substance? In more detail we should have heard how the "substances" were presented to the recording complex of apparatus and boys.

2. What the copper-gauze screen was supposed to shield the apparatus from. Were any experiments made to test whether, for example, wireless waves were reduced in amplitude in the cabinet, or neighbouring potentials of electric fields, such as those in the electric lighting circuits, were diminished or abolished? In short, what were the physical differences between the outer room and the inside of the screened cabinet?

3. Scientific experiments and results (with the rarest possible exception) can be duplicated at other times and in other places. Would Dr. Boyd be willing to submit his work to a London committee in London? The copper-gauze can be duplicated: are the Glasgow boys essential?

4. What interpretation does Sir Thomas Horder give for the epigastric percussion sign? He acted as what may be called the medical referee of the committee, and some attempt at explanation might have been expected from him at a medical gathering, of his findings on the boy, and his personal sensations when acting as indicator. The epigastric note on percussion depends obviously on two factors: (1) the contents of the stomach, transverse colon, etc., and (2) the thickness or rigidity of the abdominal wall. With